

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Manish PANDEY, et al.

Serial No.: 10/656,801

Filed: September 4, 2003

For: METHOD AND SYSTEM FOR LOGIC

EQUIVALENCE CHECKING

Group Art Unit: 2825

Examiner: Thuan V. Do

Confirmation No. 7106

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8

Date of Deposit: June 13, 2006

I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated above in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, Box 1450, Alexandria, Virginia 22313-1450.

Type or Print Name of Person Mailing Karen Wuerfel

Signature of Person Mailing

AMENDMENT TRANSMITTAL

MAIL STOP AMENDMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In connection with the above application, enclosed herewith for filing are the following:

Return postcard

Amendment and Response to Office Action (11 pages)

Formal Drawings (5 sheets)

| CLAIMS AS AMEND | Claims Remaining After Amendment | Highest Number Paid For | Number Extra Claims | Small Entity Rate | Large Entity Rate | FEE |
|---------------------------------------|----------------------------------|-------------------------------|---------------------------|----------------------|-------------------------|----------|
| Total Claims Fee | 69 | 70 | 0 | | \$100.00 | \$0.00 |
| Independent Claims | 5 | 3 | 2 | | \$200.00 | \$400.00 |
| Multiple Dependent Claims *** | | | | | | \$0.00 |
| TOTAL FILING FEE | | | | | | \$400.00 |
| NO ADDITIONAL FEE REQUIRED **** | IF NO FEE REQUIRED, INSERT "0" | | | | | |

^{*} IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3

The Commissioner is hereby authorized to charge any fees which may be required to Deposit Account No. 50-2518, Docket No. 703842-2001.

Date: June 13, 2006

Respectfully submitted,

Bingham McCutchen LLP

By:

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^{**} IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3

^{***} PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME

^{****} IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON FEE AMENDMENTS"